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**Inquiry:** We have a couple of protocols that rely on reviewing stat x-rays. The protocols were developed and approved by the Multidisciplinary Hospital Board. Part of the training of the individual protocols was x-ray review taught by a physician with additional proctoring by physician during the certification process.

Is it within the scope of practice for a Respiratory Care Practitioner to adjust the placement on an endotracheal tube on a patient they intubated after reviewing the chest film with out a physician order as the developed protocol states? The protocol gives guideline to adjust tube to be in-between carina and T1.

Is it within the scope of practice for a Respiratory Care Practitioner to adjust the MAP of the HFO ventilator after reviewing the chest film with out a physician order as the developed protocol states? The protocol gives guidelines to adjust the MAP to give a right side diagram expansion of T8 to T9.

Is it within the scope of practice for a Respiratory Care Practitioner to adjust the placement on an umbilical catheter on a patient they inserted after reviewing the chest film with out a physician order as the developed protocol states? The protocol gives guideline to adjust line to be in-between t7 and t10

**Response:** Section 3702 of the Practice Act outlines the use of protocols as an effective manner to deliver high quality patient care. These protocols usually have intended parameters that determine what can and cannot be adjusted based upon the approval of the medical director for respiratory care and the hospitals medical executive committee. The order required in the chart to initiate the protocol is a signed order from the physician confirming the protocol has been initiated. All parameter and or tube placement decisions then become driven off the decision trees and clinical criteria included within the protocol. It is no different then if a physician writes an order to adjust a patient's oxygen to keep their oxygen saturation greater than or equal to 92%. This order means that the physician has given the practitioner the clinical discretion to adjust the patient's oxygen setting to keep their oxygen saturation at or above 92%.

Therefore, it is definitely within the scope of practice for a licensed RCP to perform these types of functions as long as the clinical criteria is defined in the protocol and the protocol has been initiated by the physician writing the order for it. It is also critical that appropriate training and education occurs as you had indicated in order for these protocols to be carried out safely to the consumer.

Reference #: 2004-C-30

*This determination does not constitute a declaratory decision under the comprehensive provisions of the Government Code sections 11465.10 – 11465.70.*